

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Title::	RF-BASED MARKERS FOR MRI VISUALIZATION OF MEDICAL DEVICES
Attorney Docket Number::	S13.12-0145
Request for Non-Publication?::	No
Suggested Drawing Figure::	1C
Total Drawing Sheets::	2
Small Entity?::	No
Petition included?::	No
Petition Type::	

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Given Name::	Brian J.
Family Name::	Brown
Name Suffix::	
City of Residence::	Hanover
State or Province of Residence::	MN
Country of Residence::	US
Street of Mailing address::	178 Jandel Avenue NE
City of Mailing address::	Hanover
State of Province of mailing address::	MN
Country of mailing address::	
Postal or Zip Code::	55431

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Netherlands

Given Name:: Jan  
 Family Name:: Weber  
 Name Suffix::  
 City of Residence:: Maple Grove  
 State or Province of Residence:: MN  
 Country of Residence:: US  
 Street of Mailing address:: 18112 89<sup>th</sup> Place North  
 City of Mailing address:: Maple Grove  
 State of Province of mailing address:: MN  
 Country of mailing address::  
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### Correspondence Information

Name:: Joseph R. Kelly  
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 State or Province of mailing address:: MN  
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### Representative Information

Representative Designation::	Registration Number::	Representative Name:
Primary	20147	Nickolas E. Westman
Primary	34797	Judson K. Champlin
Primary	34847	Joseph R. Kelly
Primary	36188	Steven M. Koehler
Primary	34557	David D. Brush

Primary	38354	John D. Veldhuis-Kroeze
Primary	39758	Theodore M. Magee
Primary	35612	Deirdre Megley Kvale
Primary	42413	Christopher R. Christenson
Primary	41885	Brian D. Kaul
Primary	45466	Nathan M. Rau
Primary	45844	Christopher L. Holt
Primary	45956	Alan G. Rego
Primary	48516	Todd R. Fronek
Primary	49027	Linda P. Ji
Primary	53675	Leanne R. Taveggia
Primary	24383	Robert M. Angus
Primary	32015	David C. Bohn
Primary	30214	Z. Peter Sawicki
Primary	48774	Peter J. Ims
Primary	51655	Bryan F. Erickson

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application			MM/DD/YY

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
		MM/DD/YY	Yes or No

**Assignee Information**

Assignee name:: SciMed Life Systems, Inc.  
Street of mailing address:: One Scimed Place  
City of mailing address:: Maple Grove  
State or Province of mailing address:: MN  
Country of mailing address::  
Postal or Zip Code of mailing address:: 55311